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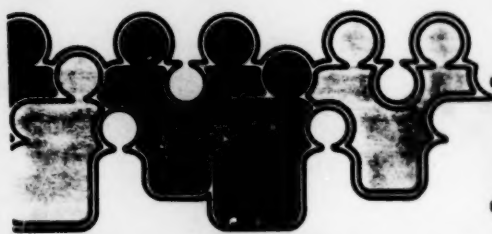
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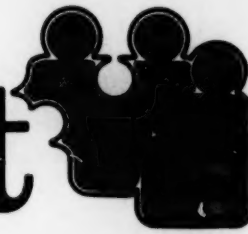
ABSTRACT

Noting that the skills of community-building are some of the same skills needed to help families, this newsletter issue focuses on enhancing the resources and leadership in the community as the best way to provide support for families. The articles in the newsletter include: (1) "Building on the Strengths of Communities"; (2) "AT&T--A Catalyst for Employee-Community Partnerships"; (3) "Transforming Human Services with Family Support Principles"; (4) "Corporate America Meets the Working Father"; (5) "Building Organizational Capacity to Respond to Families in Poverty"; (6) "Sharing Responsibility: Seven Communities Work Collaboratively to Guide Their Youth"; and (7) "Mobilizing Support and Action through Community-Based Research: The Case of the Teen Assessment Project." In addition, the newsletter issue features a message from the new chairman of the board of directors of the Family Resource Coalition. (HTH)

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■ by Bernice Weissbourd and Douglas R. Powell

For Children's Sake: Family-Centered Childcare

Some thirteen years ago when Ellen Galinsky and William Hooks authored an important book titled *The New Extended Family: Day Care that Works*, some critics of out-of-home childcare argued that the title contained incompatible elements. Childcare, they reasoned, served to weaken rather than strengthen families. The nature of America's debate about childcare has changed dramatically since the publication of the Galinsky and Hooks volume. It is less common today to find support for the position that childcare supplants family life. Yet essential steps still need to be taken if the field is to realize the image of childcare as a new form of the extended family. This article provides an overview of progress and critical issues regarding the goal of making childcare "family friendly."

Pioneering Efforts

Without doubt, the field of early education and childcare in the U.S. has been a pioneer in generating strategies to strengthen the connections between program staff and parents. The long-standing premise of most of the activity has been a belief that families exert a powerful influence on the development of young children, and therefore a child's socialization experiences are enriched if there is close coordination and communication between family and early childhood program (Powell, 1989). These practices provide useful examples and lessons for enhancing the role of childcare as a family support system.

Historically, most efforts to improve relations between families and early childhood programs have divided into two major categories: practices aimed at strengthening parents' childrearing competence, and strategies to improve program responsiveness to family values and life circumstances (for a detailed description, see Powell, in press).

Strengthening Parental Competence

The idea that parents need expert guidance in the rearing of young children has been a persistent springboard for numerous parent education activities in early childhood programs. The nursery school movement of the 1920s was especially committed to the practice of informing parents about the ages and stages of child development. Conferences with teachers, home visits, parent group meetings, and childrearing consultation services for parents were central parts of early nursery schools, including those supported by the Works Progress Administration (WPA). The parent cooperative nursery school movement also strongly adhered to the notion that parents should learn about child development through active participation in the preschool classroom.

Early intervention programs typically have included a major parent education component. Head Start's approach to parent involvement, for example, includes programs

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FOCUS: A FAMILY-CENTERED PERSPECTIVE

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focused on parenting issues. Head Start also has generated innovative program models aimed at supporting the family's role in rearing young children. These model programs include Home Start, the Parent Child Centers, and the Child and Family Resource Program (Zigler & Freedman, 1987).

Some of the help that programs provide to parents surrounding childrearing matters occurs informally. Studies indicate that both center-based and family childcare providers often assume an active helping role in responding to parents' questions about children (Hughes, 1985; Joffe, 1977). Asking questions, offering sympathy, and listening to parents' concerns are some of the ways that childcare providers attempt to be supportive of families.

Improving Program Responsiveness

Stemming from a different paradigm are parental participation practices aimed at enhancing program responsiveness to the values and circumstances of families being served. These practices include placing parents in program decision-making roles, and increasing the flow of information from family to early childhood program.

Head Start parent involvement policies are notable examples of parents assuming program decision-making roles. National performance standards call for parents to be voting participants in decisions about the nature and operations of the program. The Education of All Handicapped Children Act of 1975 (P.L. 94-142) mandates that parents participate with professionals in the development of a child's individualized educational plan. This provision is also included in the recent Education of the Handicapped Act Amendments (P.L. 99-457).

Increasing the frequency and type of information shared between family and early childhood program is another approach to helping early childhood teachers incorporate an awareness of family values and needs into their work with young children. Standards of professional practice in early childhood programs developed by the National Association for the Education of Young Children include staff-parent interaction as a component of a high-quality program. Among other things, the standards indicate that staff and parents should communicate regarding home and center childrearing practices in order to minimize potential conflicts for children, and that information about the child should be shared on a daily basis.

The history of early education and childcare programs, then, includes numerous examples of efforts to strengthen relations between families and children's programs. These practices provide a solid foundation for improving and rethinking current methods of fostering close ties between families and childcare providers. The early childhood field has consistently taken impressive steps to form a true partnership between parents and early childhood staff.



Yet there is considerable work to be done. It appears that many exemplary practices have not been implemented on a widespread basis. A recent comprehensive review of studies on interactions between parents and childcare staff concluded that, in general, the existing quality of relations between parents and staff in center-based early childhood programs does not satisfy recommendations for appropriate program-family interconnections advanced by leaders in the field (Powell, 1989).

The problem is not limited to questions of implementation, however. Serious questions have been raised about the implications of changes in American families for traditional forms of parent participation in program activities. It has been argued that many of today's practices of working with parents are based on yesterday's idealized images of the nuclear family.

Extending the Family Resource Movement

Concurrent with the awareness in early childhood of the need to move from a child-focused to a family-centered approach was the growth of the family resource and support movement. Its principles emanated from a conviction that children should be viewed in the context of their family, their culture, and the community in which they live. Joining early childhood education were professionals from the fields of social work, pediatrics, and psychology asserting that a mind-set based on being "child-savers" not only created barriers between staff and parents, but essentially limited the effectiveness of programs on the children they served.

Family resource and support programs represent an ecological approach to human development, recognizing the influence of the family on the individual, the importance of social support from people outside the immediate family, and the powerful effect of wider environmental factors, such as poverty, on the family (Bronfenbrenner, 1979).

The principles underlying programs therefore emphasize that (1) the primary responsibility for the well-being of the child lies

within the family, parents having the greatest influence on the child's development; (2) parents' sense of self and competence affect how they function as parents, that parents feeling defeated and isolated are unlikely to communicate confidence to their child; (3) social support networks are essential to family well-being, families receiving adequate support being more capable of supporting themselves; (4) childrearing techniques and values are influenced by cultural and community values and mores; and (5) families receiving support are empowered to act on their own behalf, advocating for necessary community resources and for public policies responsive to their needs.

It is not difficult to see how these principles would affect the orientation of day care staff members to the children in their charge. Knowing and strengthening the family assumes a high priority. The child and family together become the concern of the staff, and building relationships with the family that fosters the child's growth is a goal as important as providing a healthy center environment for the child.

This change in orientation has its roots in the parent education tradition as well as in the significant body of research indicating the positive effects on children of their parents' participation in their programs (Powell, 1989). Yet reorienting childcare to family care is a bold leap forward. It challenges childcare personnel to use a measure of "family friendly" against which to review their structures, decision-making process, program planning, staff qualifications, and staffing requirements.



In the process of moving toward family-centered childcare, not only the principles, but the practices basic to family resource and support programs become relevant. These practices include establishing relationships between professionals and parents characterized by collaboration and shared decision making, designing program services with parents to meet their expressed needs and to enhance individual and family strengths, and assuring that programs are compatible with and sensitive to the culture and values of the families served. Commitment to the importance of social support for families leads to specific practices such as encouraging and facilitating peer support networks, and establishing linkages and cooperative relationships with community organizations, agencies, and institutions. A family-centered childcare setting can become a hub for community life.

Family-centered childcare emerges then as being a support system in and of itself. It becomes an integral part of the daily lives of families, a place in which experiences are shared, relationships are formed, information is exchanged, and advice and assistance are available. Family members have a sense of belonging to a community of people joined together by the common desire to do the best they can for the children in their care.

Challenges Ahead

It may seem that the present constraints in childcare make becoming family-centered almost impossible to achieve, despite the willingness and desire to do so. How can additional responsibility be added to an already overburdened staff? After working with children all day, how much time and energy can staff give to family programming? To what extent will working parents, already strained with trying to manage job, home, and child well, want to become involved in yet another activity? Is additional staff needed, and with what special skills? These are not only urgent questions, but they are raised in the context of the yet unsolved problem of grossly underpaid personnel.

Furthermore, expanding the intersection between families and childcare programs leads to obvious yet difficult questions about the boundaries of the childcare service. For instance, to what extent do providers become involved in issues surrounding marital tran-

sitions? What does it mean for a childcare program to serve as a family support system for families undergoing separation or reconstitution?

A pressing need is to critically assess the assumptions about families that underlie many childcare practices, including relations with parents. As a result of profound changes occurring in American families, growing numbers of parents have less time for traditional modes of participation in early childhood programs. They also may need extrafamilial support for providing their children with optimal socialization experiences. The challenge is for practitioners and parents alike to generate new ways of working together that build upon respective strengths and a shared commitment to promote the healthy development of child and family.

Greater overlap between families and childcare programs also requires clarification about the professional status and autonomy of childcare staff. The conventional paradigm of professionalism—where the professional seeks as much distance as possible from lay

control—seems inappropriate here. Equally inappropriate is an arrangement where parents ignore professional expertise by dictating the nature of a staff's work with young children. An important task, then, is to refine the meaning of collaborative ties between parents and childcare providers so a genuine, coequal partnership can flourish.

An essential part of any progress in strengthening childcare-family connections is training for both childcare staff and parents on how to work with one another. Training for childcare staff seems especially important because it is providers who seem more troubled than parents by the existing state of relationships (Powell, 1989). Research suggests that key areas to address in training programs include sensitivity to the ways in which race and social class influence staff judgments about parenting competence, as well as staff and parental feelings about placing a child in out-of-home childcare (Galinsky, 1990).

In spite of the difficulties, if there is a commitment and belief on the part of staff for the value of family-centered childcare,

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■ by Bonnie Michaels

The Working Parents' Dilemma

Normally, I write about the changing workforce, their families, and employer-sponsored benefits and programs. This piece addresses the difficulties in managing work and family, but its purpose is to point out what childcare centers, schools, and caregivers can do to support working families and their children.

Besides being a work/family consultant, I'm also a grandmother—and a very active one because my daughter is a single, working parent. This story begins when my grandson was born and the first caregiver was hired; she was the first of seven over a year's time. The reasons for the caregivers leaving or being dismissed are more typical than not, but as a result of the loss of a consistent caregiver, my grandson's behavior became erratic—he had severe temper tantrums and was biting others.

After a series of crisis situations, an unusually caring childcare center, North Shore Academy in Chicago, came to the rescue by taking him even though he wasn't potty trained. They looked beyond the inconvenience to the real issue which was to assist the desperate mother and to help in a young child's crucial development.

Their team of childcare experts determined a strategy on how to change my grandson's negative, angry behavior into positive and self-controlling behavior. They appointed one teacher to handle the child daily to help him develop a sense of self-worth, respect for others, and a sense of

security. They recommended a counselor from the Adlerian Institute who suggested new parenting skills and realistic approaches to my daughter which would be consistent with the school's strategy of working with the child. The counselor encouraged the skills she had already developed and assisted in giving her the confidence a single parent needs.

Six months later, my grandson stopped biting and acting inappropriately. He now talks in sentences, sings songs, is potty trained, has new friends, is happy, and can't wait to go to school. My daughter is more relaxed, confident, and can concentrate on her work.

A childcare center can make such a difference in the growth and development of children of working parents. Caregivers and schools need to work with parents whose children have difficulties. They must be sensitive to the needs of single parents by being flexible and creative so that the children can grow up to be normal adults—and grandmothers won't have to worry so much! □

Bonnie Michaels is President of Managing Work and Family, Inc., a consulting firm that works with employers and the community to provide benefits, resources, and programs for employees with families. Contact her at 1200 Harger Rd., Suite 203, Oak Brook, IL 60521 1/800/621-8331.

Managing Work and Family is a member of the Family Resource Coalition.

Finding a Believer

By 1986, the Parent Services Project (PSP) was coming of age. Over a six-year period, its concept had matured, been tested, and accepted. Eleven state-funded childcare centers—all serving low income, racially and ethnically diverse, immigrant, poor, or marginally employed families stressed by societal and cultural pressures—had successfully integrated this family support project into their programs.

Support in this context means offering parents a smorgasbord of family activities and events, classes, workshops, and adult-only programs designed to teach necessary skills and offset crisis. The program provides diversity, choice, and flexibility, advocates and promotes parent leadership and decision making, works from the strengths of families, and is able to intervene at the earliest signs of family distress.

An anecdotal and cost-effective study had been completed with impressive results, and a longitudinal study had begun which promised significant data on parental stress and the impact of a social support system on diminishing and offsetting stress and psychological symptoms.

Legislation had been introduced to fund the Parent Services Project model in California's state-funded childcare centers. It had become clear that childcare was a natural context in which to provide a variety of family services. Parents trusted and were familiar with their children's caregivers. The relationship between the family and the childcare center often lasted for several years as each child went through the program and, in partnership with staff, a commitment to promote the optimal development and well-being of children became the focus. We had learned and confirmed that the child flourished if the family did. It was time to take on new challenges. We were ready to tell the world.

In 1980, the Zellerbach Family Fund, joined by the San Francisco Foundation and then the Marin Community Foundation, became our first believers. They agreed on a joint funding mechanism to launch the PSP program in eight childcare centers at eleven sites in the Bay Area which served 750 children from multi-ethnic backgrounds and urban, suburban, and rural neighborhoods.

The A.L. Mailman Family Foundation became our second believer. They reviewed our materials and the progress we had achieved. We met through phone conferences and a spark began to ignite; we were invited to submit a letter of intent with a grant to follow. The genius of what was to evolve began with the joint work of developing a training grant.

We all agreed we had the match—a common belief that had captured our imaginations. The Parent Services Project training was an inspiring project. The program had worked in one part of the country and was worthy of being tried in another. We were mutually convinced to take a chance on replication in another location. In an ongoing dialogue with Luba Lynch, Executive Director of the A.L. Mailman Family Foundation, we devised what was to become the format of our first training and the model for subsequent trainings.

The next few months were the most instructive of my many grant-writing efforts. Ideas were explored, systems for developing the training were reviewed, and decisions regarding the trainees were considered. We knew that the match of people and training location would be crucial to the ultimate success of our planning.

We began the training process in 1988 with the Child Care Connection (CCC) of Fort Lauderdale, Florida. A long-term, soundly based, comprehensive child day care program serving poor, mostly African American families in their area, CCC's strong leadership already believed in a partnership with parents. Their staff, deeply involved in the community and feeling supported by its families, eagerly committed to the training and program implementation.

Once more a spark was ignited. Our phone calls were zestful and full of hope. Together we developed a grant using a similar process to the one used with the A.L. Mailman Family Foundation. During many phone conferences we served as mentors and guides in assisting CCC to complete their component of the training grant. Thus the buy-in of all players was born—the trainees, trainers, and funders were establishing a sound base of relationships that would prove to be successful for all of us.

The training occurred in August 1988 in the Bay Area; the follow-up year was marked by two visits to Florida and a joint presentation at a national conference. The momentum continued, and by the fall of 1990—only two years later—the Child Care Connection was launching its own leadership by training others in their area.

Taking Stock

The Parent Services Project is presently completing a second training grant in the Bay Area, funded by the Walter S. Johnson Foundation, and three additional proposals are being considered to expand training to other parts of the country. We have established our mission: we are an organization continually devoted to promoting the original sites; to

providing training, education, and information services; and to fostering public policy and social change initiatives that will turn other childcare centers into family support centers.

Finding a believer means *being* a believer. Believers have imagination, are willing to take a risk, and perhaps experience failure. They have clear vision and stronger than usual commitment, persistence and good humor, charisma, confidence, and dedicated spokespersons. They can share power and authority to meet the common challenge. Believers find each other, and we are grateful to those who have already made the connection and to those yet to come for supporting these valuable efforts. □



Infant at Wu Yee Child Care Center in San Francisco's Chinatown plays under the watchful eye of a grandparent.

Ethel Seiderman is the founder and Director of Fairfax-San Anselmo Children's Center in Marin County, California, serving 125 children from 3 months to fourth grade. The center, which opened in 1973, has taken a leadership role in the field of early childhood education and childcare, as well as in establishing and developing innovative programs such as sick childcare and parent services. Mrs. Seiderman is also Director of the Parent Services Project, Inc., described in this article, and she teaches classes and leads workshops in early childhood and family education on the state and national level.

Contact Ethel Seiderman at the Parent Services Project, Fairfax-San Anselmo Children's Center, 199 Porteus Ave., Fairfax, CA 94930 415/454-1811.

PSP is a member of the Family Resource Coalition.

The Mothers' Center



Developing a Maternal Voice: A Network Grows

Hicksville, NY, 1973. A social worker at Family Service Association of Nassau County (FSA), a local social service agency, becomes concerned about the number of women who describe pregnancy and the early years of childrearing as a painful struggle, marked by uncertainty and diminished self-confidence. She designs a research project to explore these issues. Fifty women meet and share their experiences. When the research project concludes, these women express a strong desire to continue the discussions which they felt were educational and therapeutic. The first Mothers' Center (MC) in Nassau County is born!

Propelled by grassroots energy and a steady stream of requests for information, the MC has grown to more than 100 sites in the U.S. and 160 similar programs in West Germany. In 1981, the Mothers' Center Development Project (MCDP) was formed under the auspices of FSA in order to promote the model program, respond to inquiries about it, and create what has become a national network of Mothers' Centers. The MCDP has responded to more than 20,000 requests for information, reinforcing the founders' beliefs that this program answers a deeply felt need in all women/mothers.

From conversations with women all across the country emerges a description of the isolation, lack of information, and sense of uncertainty that women feel when they become mothers. The transition from the structured lifestyle of work time and leisure time to the unstructured and unrelieved demands of infant care create disequilibrium, anxiety, depression, and stress. Economic issues, lack of parenting skills, post-partum depression, and the host of other matters that can accompany the birth of a child all conspire to make the early years of parenthood a critical period for women. The fact that these issues are often "hidden" fosters the expectation among women that motherhood is instinctive

and always joyous. Women struggling with the problems described above frequently feel inadequate and guilt-ridden.

The MC responds by providing a place where women can come together for peer support, education, and professional training and consultation. The women/mothers "own" their centers, managing every aspect of the operation. Trained by a social worker, the women conduct groups, design research, offer childcare, learn child and adult development theories, and develop advocacy actions to make health care and community institutions more responsive to the needs of families.

One of the unique strengths of the MC is the peer/professional exchange which combines current developmental theories with the practical needs and experiences of the mothers. By exchanging information with professionals, as well as with one another, participants have access to a broad range of knowledge. By connecting individual centers to the national network, women are given the opportunity to draw on an even larger pool of resources, sharing information and support and developing a clear maternal voice on issues of importance to women/mothers.

That these issues are universal is evidenced by the parallel development of West German sites. Researchers found that German mothers were experiencing the same problems described by American women: they felt isolated, their self-confidence was diminished, and they missed the additional income their salaries had provided.

The German centers were developed to respond to these issues, and like those in the U.S., are non-hierarchical and run by the women/mothers in consultation with professionals. They offer groups and childcare. They are designed to support and validate the work of mothering. Significantly, the German centers have taken that principle a step further than the U.S. centers: each woman

who works at a Center is paid for her work, that is, her childcare, group facilitating, coffee service—what the Germans call the "social work that women do every day." Paid employment is also available for haircutting, sewing, ironing, bookkeeping, etc. It is one more way of helping women to gain the self-confidence and independence they often feel stripped of when children are born.

A critical element in the growth of what is now an international movement is the Mothers' Center Development Project. The MCDP staff acts as a resource to individual centers and offers technical assistance and support to those women who wish to begin centers. Toll-free telephone consultation, occasional site visits, and an annual conference—typically attended by close to 300 women—provide an on-going link among the centers. Written and audio-visual materials are available. Training materials include the MC manual, which describes, among other things, the center and its operation, how-tos, and a section on developmental childcare. Training packets for peer counseling and peer facilitating are also available.

Since 1987, the MCDP has been involved with the YWCA of the USA in a collaborative effort to foster the growth of Mothers' Centers within the YWCA structure. This venture could yield an enormous number of new sites and provide a valuable community link which will serve to strengthen both the growing network of centers and the individual YW associations. It is also expected that similar partnerships will develop with other agencies and MCDP hopes to create additional materials to meet their training needs.

What all of this means, of course, is that we may be drawing closer to the time when the vision of the MCDP will be realized: that there will be, in every community across the country, a Mother's Center—a place where women can come together to research and attend to maternal issues, design a responsive Mothers' Center, and work toward a society that, as a matter of policy, pays attention to the needs of families. □

Patricia Peters is Public Relations Officer at FSA, mother of two daughters, ages 14 and 11, and a devotee of the MC. Over the next year, she will be part of the FSA team (the heretofore parent agency of the MCDP) that will be working to launch the national MC network as an independent nonprofit agency.

For information on Mothers' Centers in your area or how centers begin, contact the MCDP staff at 1-800/645-3828, or write to them at 336 Fulton Ave., Hempstead, NY 11550.

The Mothers' Center Development Project is a member of the Family Resource Coalition.

The Consortium of Family Organizations

COFO, created in 1977, is a nonpartisan, nonsectarian group of five national professional, service, and resource organizations committed to the idea that social policies and programs should focus on the family, not solely on individuals. COFO is organized around the belief that in most cases, a family-centered approach strengthens and supports family life, is the most humane and effective way to provide help to individuals, and results in more efficient and effective human service programs.

COFO's members are the American Association for Marriage and Family Therapy (AAMFT), the American Home Economics Association (AHEA), the Family Resource Coalition (FRC), Family Service America (FSA), and the National Council on Family Relations (NCFR). The organization's members are involved with families of all racial, ethnic, and cultural backgrounds and with families, both nuclear and extended, in all stages of the life cycle.

History of COFO—How It All Began

President Jimmy Carter's election in 1976 generated a great deal of interest and activity on the part of national organizations associated with families and family policy. During his campaign, he promised, as President, to sponsor the first White House Conference on Families, and following his election, pressure to set a date for the conference and to appoint staff for it was brought to bear from many sources. A large, diverse coalition of national organizations was formed to advocate for, as well as monitor, the process that would evolve into a White House Conference on Families.

As the deliberations of the new coalition got underway, four organizations began to talk among themselves about the need for an additional Washington presence—one that would be ongoing beyond the White House Conference. Informal discussions started in the summer of 1977. The four organizations—the American Home Economics Association, the American Association for Marriage and Family Therapy, Family Service America, and the National Council on Family Relations—eventually arrived at some common goals and agreed to formally organize as the Coalition of Family Organizations or COFO.

COFO then set forth the following goals:

- to provide a larger presence in Washington focused on the political process and any related activities of importance to families, family policy, and the four national organizations
- to respond to the new and growing national interest in families and to support this new direction in whatever ways were possible and appropriate in the nation's capital
- to publish a Washington quarterly, *COFO Memo*, in order to better inform the members of the four organizations about important public policy developments
- to formalize the existing relationships among the four national organizations

The first *COFO Memo* was published in the fall of 1977. The early newsletters contained reports of the White House Conference process, and Congressional legislation which was placing more emphasis on families.

In recent years, following AAMFT's move to Washington and NCFR's appointment of an official Washington representative, COFO has expanded its Capitol Hill efforts with monthly meetings and has taken on a new role in the Washington milieu.

The general direction of COFO's activities continued until 1989 when a decision was made to change the name from the Coalition to the Consortium of Family Organizations to better reflect the close working relationship of its members. With this name change came renewed energy and a commitment to COFO's founding mission.

Also in 1989, COFO history was made when the Family Resource Coalition became an official member of the Consortium, the first such addition since the organization's founding. COFO also plans to develop criteria this fall for a new affiliate membership category in order to further expand its influence.

COFO's Current Activities

An increasingly dominant focus of COFO's work in the past year has been the development of tools to help educate policymakers and their staffs about family policy. COFO's current activities—the *Family Policy Report*, the Family Data Project, and the COFO-sponsored Family Impact Seminars—are all part of the organization's strategy to educate public officials.

The *Family Policy Report*, which premiered in March 1990 and replaced the *COFO Memo*, is a quarterly publication designed to assist policymakers in evaluating legislative proposals and social programs from a family perspective. An important component of the *Report* is the "Family Impact Questions Insert," a list of specific family-related questions that the reader can remove and use to study bills, amendments, regulations, and existing programs. The first issue provided readers with a framework for understanding the purpose of a family perspective and how to apply it as a tool for evaluating legislation. The second issue of the *Report* will provide a family impact analysis on a specific long-term care proposal. (Subscriptions to the *Family Policy Report* are \$12 per year. Contact the COFO Coordinator for more information.)

COFO's ongoing Family Data Project emerged out of concern about the quality of family-related research and data in this country. Public policies affecting families must often be developed and implemented using partial, outdated, and/or fragmented family statistics. Furthermore, the family-related data and research that does exist is frequently inaccessible in a format that is useful to policymakers, private sector organizations, or the public.

Early in 1989, COFO began conducting a series of exploratory activities, interviews, and meetings with experts within the federal government, on Capitol Hill, and in private sector organizations regarding the quality, coordination, accessibility, and utilization of family-related data and research. As a result, COFO has been encouraged to act as a facilitator in the formation of an inter-governmental forum that would coordinate and improve the collection and dissemination of family-related data.

As part of its search for a model, COFO has undertaken a review of the operation of the Interagency Forum on Aging-Related Statistics. This organization was established in 1986 for purposes similar to COFO, that is, to encourage cooperation among federal agencies in the development, collection, analysis, and dissemination of data pertaining to the elderly population.

COFO is now planning to explore the substantive, political, and administrative feasibility of (1) establishing an Interagency Forum on Family-Related Statistics or a similar body; and (2) creating new offices or institutions that would improve the synthesis and utilization of family-related data



COFO

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and research. These activities will proceed when funding is obtained.

Since 1988, COFO has also cosponsored a regular monthly series of seminars on Capitol Hill, conducted by the Family Impact Seminar (FIS) for invited Congressional and executive branch staff. The series began in response to the growing need for timely, objective research and analysis on family issues. The goal of the seminars is to bring a family perspective to bear on current policy issues and to allow for a nonpartisan forum for discussion and debate between executive and legislative branch staff and policy researchers. Participants receive a background briefing report for each seminar. Seminar topics have included: foster care reform and family preservation, maternal drug use, childcare, and other family-related subjects. (Copies of the background briefing reports are available for \$6.25 each from the *Family Impact Seminar*, AAMFT, 1100 17th St., NW, 10th Floor, Washington, DC 20036 202/452-0109.)

In 1990 and 1991, members of the five COFO organizations will provide technical assistance to FIS project staff in launching an extended seminar series in selected state capitals.

Following is a brief description of the COFO members. The American Association for Marriage and Family Therapy, located in Washington, DC, is the professional association for nearly 17,000 credentialed marriage and family therapists in the United States, Canada, and abroad. Its members include marriage and family therapists, social workers, psychiatrists, psychologists, nurses and pastoral counselors who work in public and private settings as clinicians, teachers, trainers, and systems consultants. The AAMFT Research and Education Foundation conducts activities that promote general family well-being. The Family Impact Seminar (FIS) is the policy unit of the Foundation.

The American Home Economics Association, located in Alexandria, VA, is an educational and scientific association of more than 26,000 professionals from various disciplines that comprise the field of home economics, including: child development, food and nutrition, family relations, family economics, and home management. Home economics integrates knowledge from all these disciplines relative to solving the everyday problems and challenges of families. AHEA publishes two quarterly journals: *Journal of Home Economics* and the *Home Economics Research Journal*.

The Family Resource Coalition, based in Chicago, represents thousands of family resource and support programs and practitioners. Their services include consultation, training, and technical assistance on all aspects of program development; public education and advocacy activities on behalf of families; and the publication of books such as *Programs to Strengthen Families* and *The Family Resource Program Builder*, and periodicals—*The FRC Report* and *FRC Connection*. FRC operates the only national clearinghouse on family support programs and offers a nationwide referral service to families seeking local programs.

Family Service America, headquartered in Milwaukee, is a voluntary movement which exists to influence society and its institutions in order to encourage, protect, and promote healthy family life in North America. Its network of 290 private, nonprofit member agencies is dedicated to providing a wide range of services to families in crisis or with specific problems or needs. FSA publishes *Families in Society* (formerly *Social Casework*) ten times yearly and has extensive publications on families. FSA also operates a governmental affairs office in Washington, DC.

The National Council on Family Relations, based in Minneapolis, MN, is the professional association of scholars and practitioners engaged in research, dissemination, and practical application of the multidisciplinary study of marriage and family life, family life education and counseling, and public services to families. It has 4,000 national and international members, including sociologists, psychologists, marriage and family therapists, counselors, educators, social workers, attorneys, and health care professionals. NCFR produces an internationally vended on-line Family Resource Database and publishes two journals, *Journal of Marriage and the Family* and *Family Relations*. □

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Kate learned to swim at the park district day camp and is now on a Y team. She has just joined the Brownies and goes to an after-school program on other days until her mother gets home. Are these activities important? We believe they are far more significant than we often give them credit for. We call them primary services.

Daryl also goes to an after-school program but mild cerebral palsy makes walking and running somewhat difficult. He is often excluded from activities. Getting him to specialized physical therapy is a problem for his working mother. Could these primary and specialized services work more effectively as parts of a community-based children's services system? We think so.

A variety of organized activities exist in communities that support child development and family functioning. Under the heading of primary services, these activities include toddler play groups and after-school programs, youth volunteer activities, telephone warmlines and mentoring programs, parent support and education programs, and the resources of parks, libraries, and museums.

By contrast, social services for children and parents are mainly specialized interventions—such as child welfare, mental health, juvenile justice, and substance abuse services—aimed at responding to child or parent problems.

Children's Services: Directions for the Future

Currently, these two service sectors—the primary and the specialized—have little connection to one another. Much is lost in opportunities for children and parents as a result—first in the relative neglect of the primary service sector as a significant resource, and second in the nearly complete failure to connect the two.

In this article, we propose a reorientation of children's services that focuses on promoting child and family development as well as responding to problems. This reorientation can be accomplished by three changes: First, primary services should be included in the conception of child and family services and made more available in communities as organized resources for all children and families. Second, working partnerships should be created between primary and specialized services. Third, a newly conceived system of children's services should be planned, organized, and provided at the community level.

Broadening Children's Services

Children need support for their development as well as responses to their problems. We believe that these critical needs should be met as much as possible by the natural activities and affiliations that primary services offer. Through their roots in communities, these services can enhance individual capacities, respond to changes in families and other institutions, and provide a natural source of help to children and parents with emerging problems or those with special needs. Primary services are activities, facilities, and events often provided by organizations that are part of the familiar social world of families. They are available for use voluntarily, most often without an elaborate process of certifying need or eligibility.

Primary services enhance capacities children need and will continue to need as adults. Tot lots, parks, sports teams, and many other primary services support children's physical development and strengthen their sense of competence. Primary services offer group activities through which children can learn to behave in responsive, caring ways, to moderate personal interests to those of others, to accept differences in values and beliefs, and to develop friendships. These abilities are essential to self-esteem and to participation in supportive social networks.

Primary services also provide hands-on chances to solve problems and make things happen, from block building among preschoolers to leadership activities for teenagers. Adolescents in particular can enhance both skills and self-esteem through opportunities to contribute to the well-being of others.

Children seldom develop a sense of competence if their parents feel uncertain about their own capacities. Primary services can support effective parenting through programs such as drop-in centers and parent support groups, parenting classes, and information and referral services. The spontaneous exchanges among parents in primary service settings can provide advice, friendship, and sources of social support.

Responding to Changes in Other Institutions

Smaller families with fewer siblings for children to play with and fewer adult relatives available for support, coupled with growing numbers of single parent and two-parent working families, increase the importance of organized activities and contact with peers and caring adults that primary services can offer.

For families living in poverty, primary services may offset disadvantage by providing access to skills and opportunities otherwise unavailable. These services also offer safe havens that help protect children from random violence, drugs, gangs, or early sexual activity.

Primary services can complement schools in meeting increasingly complex obligations for children's learning and development. Whether they are laying out a baseball diamond, taking photographs, using computers, or managing a fund drive to buy uniforms, children can apply learning in ways that consolidate academic skills and an interest in continued learning. Through leadership roles in clubs and teams or volunteer work, adolescents can gain a sense of the demands and the rewards of work, and build skills and experience as a bridge to future employment. Primary services can also facilitate connections between parents and schools.

The interaction of children and parents with developmentally oriented programs can serve as an early warning system to identify problems and provide assistance in ways that

are neither categorical nor stigmatizing.

Primary services often have special roles—organizing activities, managing equipment—to which children are appointed. These roles can confer a sense of special status and involve extra attention from both peers and adult staff. Staff can use these roles and their natural helping capacities to offset a sense of isolation and rally a child's own abilities to cope. Special roles may be particularly important for children with disabilities, enabling them to join more fully in activities with their peers.

For children needing speech or physical therapy, psychological counseling, or other specialized services, both the quality of their lives and the effectiveness of the specialized interventions are enhanced if they remain involved in the activities and settings primary services offer. By providing arenas in which to practice what has been learned, primary services reinforce specialized help.

Enhancing Primary Services

While primary services already exist in some form in many communities, to play a central part of a larger, more deliberately organized world of children's services, their availability and role should be increased.

All communities need to have sufficient variety among primary services to accommodate children of different ages, interests, and capacities. In communities with limited resources, civic interests as well as public and private providers may need to explore greater use of existing facilities such as schools, parks, libraries, or churches; they may also need to secure additional resources by, for example, recruiting chapters of national organizations to the community and by securing the commitments of public and private funders. Efforts to increase primary services can be effectively coupled with economic development or other community-building initiatives.

Within communities, primary service providers can work together on joint service planning and on adjusting available services to better meet child and family needs. Providers can also join in creating new forms of primary services, such as arrangements for children stranded when planned activities are cancelled and parents are unavailable, or transportation arrangements to facilitate children's use of available activities.

It will take the ongoing collaboration of primary and specialized providers if services are to effectively promote children's capacities and respond to their problems.

In many communities, a survey of the interests and needs of children and parents and an inventory of existing services would position providers to plan for the range of services that should be available.

Providers could collaborate in service delivery by sharing program elements, staff, or facilities. For children needing specialized help, the professionals involved in their care could consult with primary providers about ways to enable these children to participate in primary programs and could bring some specialized services to the more familiar and accessible primary settings.

Creating a System of Children's Services

Communities are central to the reorientation we propose because they are where children live and where children and parents turn for enrichment and support. Community-based services can harmonize with local interests and needs, respond to specific cultural values, draw naturally on surrounding resources, and increase residents' sense of control.

A community-based children's services system should generate comprehensive planning and ways of making services responsive to individuals. Civic leaders and a wide range of providers, including those in health

care and education, should be engaged in planning and the collaborative delivery of services. Building on the experience of family resource centers and other community-based programs, mechanisms should be fashioned that convey information about available services to children, parents, and providers and that create ways of making services more accessible.

As a family's needs increase, so should the available help. Individuals acting as advisors or advocates could be available to help families assess their needs, work with them to identify appropriate services, and assist, through modeling a concrete problem-solving process, in securing access to services. More ongoing and interactive help could be made available for families involved with multiple services, or at risk of needing to be. Ideally, individuals providing this case management would have the authority to authorize access to a range of public services. They should also have a pool of flexible funds to pay for arrangements that act as the glue for a service plan and that are unavailable from other sources—transportation from school to a recreation program, for example.

People who fill these helping roles—information, advocacy, and case management—should be located in a setting to which families are naturally attracted. In some communities an appropriate setting will exist, in others it would have to be created. This setting might be a community center, school, family resource center, or social service agency. In all cases it should be a community-based entity that operates in a natural helping context.

Conclusion

We believe a fundamental reorientation of children's services is needed, one that enhances the role and presence of primary services, combines primary and specialized services into a new children's services system, and focuses children's services at the community level.

We have advanced one alternative. We hope it will be considered and tested. We hope others might be proposed and tested, their merits weighed, and a course chosen that will better serve our children—and us—for the decades to come. □

Joan Wynn is a Research Fellow and Joan Costello a Faculty Associate at Chapin Hall Center for Children at the University of Chicago. This article grows out of a project, supported by the Chicago Community Trust, designed to consider existing social services and to propose an alternative approach if warranted. A more detailed discussion of the authors' findings and recommendations can be found in Richman, Wynn and Costello, Children's Services in Metropolitan Chicago: Directions for the Future. Copies may be obtained or the authors reached through Chapin Hall, 1155 E. 60th St., Chicago, IL 60637 312/702-1015.



State governments face a seemingly intractable problem: regardless of the condition of a state's economy, substantial numbers of families and their children continue to be at high risk of experiencing a host of often related problems such as long-term unemployment, poor health, teenage pregnancy, child abuse, inadequate housing, and drug addiction.

States have attacked many of the symptoms and perceived causes of these problems—teenage pregnancy, school dropout, inadequate training and education, illiteracy, poor health and childhood development.

For almost any problem, from infant mortality to adult illiteracy, state and local governments have sparked innovative solutions. Yet the problems seem to be worsening. Institutions seem increasingly incapable of responding.

There are several plausible explanations. First, although the targets of these initiatives are often members of the same family, policies and programs have focused almost exclusively on service delivery to individuals—not on improved outcomes for families. Programs are designed to help individuals with discrete problems: teen mothers, adult illiterates, juvenile delinquents, displaced workers. These programs are funded categorically, they are regulated categorically, and their impacts are assessed categorically. The resulting array of overlapping, loosely coordinated, and often costly programs addresses individual needs, but cannot integrate services on behalf of the family or move the entire family into the social and economic mainstream.

Second, little attention has been given to specifying intended or desired outcomes—how families have fared—as a result of these efforts. Beyond a general intent to improve schools or have fewer pregnant teens, we have resisted holding our systems—or even discrete programs—accountable for outcome-based performance. Reporting mechanisms that do exist focus almost exclusively on what activities or services are provided. Excessive categorization, skewed reporting systems, and funding and regulatory structures that reward process, not outcomes, make systems less capable of responding to the real needs of children and families.

Almost as damaging, the current system promotes categorical thinking by policymakers. Provided with little information regarding underlying causes, the connections between various symptoms, or how they manifest themselves in a family setting, policymakers move quickly to define the problem narrowly and to propose solutions that can be implemented within the structure of the current service delivery system. This approach tends to perpetuate fragmentation and short-sighted delivery of services to people at risk.

Yet in changing our approach, it is important to remember that the system that evolved over the last thirty years responds to several legitimate public policy imperatives. First, the imperative to account for public expenditures is reflected in the current intake and tracking procedures. Second, the imperative to spend efficiently and to contain costs is reflected in service restrictions, client/staff ratios, and cost accounting systems. Third, the imperative to reach those most in need of the service, equitably, is reflected in categorical definitions and eligibility requirements. Finally, the imperative to ensure quality of service is reflected in the professional certification and licensing of facilities, health and safety standards, and process reporting systems.

Implementing Strategic Policies for Families and Children at Risk

While the mechanisms we have created in response to these imperatives may now serve as obstacles to innovation and integration of service, the imperatives are no less valid. Any effort to change the way in which public systems conduct their business must address these four challenges.

CGPA Policy Academies: Strategic and Accountable for Results

The Policy Academy is the Council of Governor's Policy Advisors' (CGPA) most intensive form of technical assistance to states, a rigorous process designed to address complex, high-priority issues. Developed by CGPA, it combines the best elements of strategic policy development with the best information and experts available. The Academy's strength is its ability to cause each participating state to design an individual approach to produce results; it is *not* a process to develop consensus across states. Key stakeholders within each state focus undivided attention on the issues, debate underlying causes, and commit to independent action.

After conducting Policy Academies for states on topics such as teen pregnancy intervention, workforce literacy, and school dropout prevention, CGPA became convinced that states were picking away at the problems of at-risk families one issue at a time, and that a more comprehensive approach that took into account the multiple hardships faced by these families would result in more effective policies and actions.

In 1989, multidisciplinary teams of policymakers from Arkansas, Colorado, Illinois,

Iowa, Maryland, New York, North Dakota, Oregon, Texas, and Washington set out to design and implement comprehensive strategies to strengthen families and improve the well-being of children. The teams consisted of representatives from the governor's office and high-level administrators from human services, education, community development, health, and labor/employment, and training agencies. In most cases, there were additional team members—state legislators, business and labor representatives, city government officials, child and family advocates, and community service providers.

The Academy included three 4-day out-of-state work sessions for all teams and in-state assistance to individual states as they implemented policies developed in the work ses-

sions. The Policy Academy resulted in specific policies, strategies, and multiyear implementation plans. Every team defined and diagnosed its own state problems, agreed upon outcome-oriented goals and objectives, assessed alternative approaches for achieving results, developed a multiyear implementation plan, designed an accountability system that specified outcomes and indicators, and developed a strategy for gaining support.

Results of the Academy: Goals and Strategies

Most teams set broad goals in four to eight areas—health, education, employment/economic independence, and family stability were the most common—and established a number of objectives within each. Their objectives were outcome oriented and people based.

Iowa, for example, focused on seven dimensions: safe shelter; mental and physical health; nutrition, drug, and alcohol abuse; education; abuse, neglect, and violence; and labor force attachment. For each dimension they identified a range of possible outcomes. The safe shelter dimension, for example, focused on these positive outcomes: families will live in dwellings that are equipped with energy and other services. Maintenance and repairs would be routine. Families would be free to choose their residence. A family's access to safe shelter would not be threatened by an inability to pay the rent or mortgage. Concrete indicators were identified and debated, such as a decrease in the number of persons living in the street and in the number of families living in unsafe housing.

The states also set system-based objectives. Maryland, for example, defined an investment strategy characterized by comprehensive, coordinated, interagency action that is family oriented. They assumed that the number of self-sufficient families will grow when aided by a system that provides quality services effectively accessed through a seamless, integrated, user-friendly process. Accordingly, among their objectives were targets for joint intake, single point of access; utilization of integrated case management models; and intra and inter agency performance accountability systems.

The strategies designed by the ten states were of four types:

- new program or policy interventions that directly affect families

- changes in local service delivery methods
- changes in the relationship between state and local governments and/or local service providers
- actions to improve state-level coordination and to use state resources to promote innovation and information exchange

Most states wove these strategies together into proposals that represented a genuine shift in the way states do business—systems change!

Arkansas is redefining the state role as a facilitator of local change in the design and implementation of comprehensive community service systems. While the primary objective is to improve outcomes for families with children in the fourth grade or younger, the focus is on integration of services and accountability for outcomes at the local level. The state is planning to:

- offer incentive grants to two pilot communities for local planning
- provide intensive training to those communities in strategic, community-based planning and collaboration
- provide technical assistance in system design and implementation
- hire a project coordinator to facilitate responsiveness to local needs for state systems change, to promote sharing among local initiatives, and to document critical success factors

The state of Colorado sees its role as strategic planner, as partner with local entities and as aggressive fund-raiser from both public and private sectors to improve out-

comes for families. The state has developed a three-year implementation plan. Phase one (corresponding with the CGPA Academy project) produced the draft strategic plan for families and children with outcome-oriented long-range goals and objectives. Phase two involves the creation of an interagency policy council to pull agency policy and budgets in line with the strategic plan, to develop an outcome-oriented, consumer-based accountability system, and to design with local input model(s) for integrated service delivery to families and children. Phase three implements pilot model(s) and evaluates their performance over time.

Texas is harnessing the energy and resources of its employment and training system to their health and human services system in order to design a community-based human investment system. Their plan calls for the creation of a Human Investment Steering Committee of top level public and private membership to work extensively with seven community teams. Together they will design an integrated services delivery system including data collection and planning, eligibility determination, family assessment and referral, budgeting and funding, and consumer-based case management.

Many of the states have incorporated family resource centers into their plans. Maryland is attempting to integrate two types of family centers already in place: some focused on early childhood development and others focused on employment and training.

The State Policy Academy on Families and Children At Risk is a collaborative effort of CGPA and the National Governors' Association, The American Public Welfare Association, and the Council of Chief State School Officers.

Implications for Family Advocates

The ten states in CGPA's Policy Academy on Families and Children At Risk are challenging entire systems to behave differently. State leaders are looking at how to achieve public imperatives mentioned earlier—accountability for expenditures, cost efficiency, serving those in need equitably, and quality of service—in different ways.

Accountability is measured in terms of outcomes for people. The focus is families. The field of players is being broadened to include many currently outside the traditional system. The states see themselves as catalysts/enablers, and understand the importance of forging new relationships with communities, service providers, corporate leaders, universities, and philanthropists. These states are essentially inventing new approaches to governance.

Family advocates can help facilitate the process of systems change in several ways. First, they can be partners with state government and other state and local organizations, both public and private, in the policy development and planning process. Second, they can help focus attention on the positive outcomes desired for families and children as well as the strengths families possess which move them towards those outcomes. Three, providers of services can establish accountability systems that collect data on families and the outcomes they experience—holding themselves and the families they serve accountable for appropriate and measurable results. Finally, those working to enhance family resources can innovate—discover new answers to the governance conundrums of accountability, cost efficiency, equitable service provision, and quality assurance.

State governments are confronting a period of change. Tight fiscal constraints and the prospect of an economic downturn coupled with an increasing awareness of the plight of many families and children have created a window of opportunity—opportunity for systems change to strengthen families. The CGPA Academy has supported ten states in taking bold steps. We encourage family service providers and advocates to join these states in their attempt to make the policy development and implementation process conform to the realities of people in families rather than to the rigidities of the policy and program apparatus. □

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Barbara Dyer, Acting Executive Director and Director of Policy Studies for CGPA, has conducted extensive research on state economic and social policy and has directed several of CGPA's Academy efforts. Ms. Dyer is also Adjunct Professor of Urban Studies at the University of Akron and has had several years of experience in both state and federal government. Contact her at CGPA, Suite 283, 400 N. Capitol St. NW, Washington, DC 20001 202/624-5386.

In 1991, CGPA will publish their coauthored *Governors' Policy Guide on Family and Children Policy*.

Family Literacy: Collaborative Learning Ventures for the Nation's Families



Family literacy programs! Even Start programs! PACE! The Kenan Trust Family Literacy Model! What are these programs, why is there a need for them? What do we know about undereducated families and their lack of educational success that has prompted the creation of such programs?

We know that the literacy level for one out of every five American adults is the eighth grade; that three-fifths of mothers receiving AFDC lack a high school diploma; that the number of children living in poverty has increased by 50 percent in the last fifteen years; that more than 50 percent of these children enter school two or three years behind their peers and are more likely to drop out in later years.

We also recognize that parents are their children's first and most influential teachers; that what parents do to help their children learn is more important to their academic success than the family's financial status or social class; that the value of education is transferred from one generation to the next; and that family systems provide the basic tools of thought, language, values, and the desire to learn. These facts, coupled with the advent of the information age and the realization that the needs of the present and future workforce cannot be met with an undereducated population, have prompted the development of a family literacy philosophy.

Family literacy is shared learning and reading experiences that improve the educational environment of the family and strengthen the support for reading and learning in the home. A family literacy program can be described as an "educative community" in which both parents and children become teachers and learners. By defining family literacy this way, some basic assumptions about the programs can serve as guiding principles for program developers:

- All families have strengths and these strengths are identified and incorporated into the development of the program.
- Families are a system of influence and the transmission of values happens within that system; therefore, all family members are incorporated by some means into the design of the program.
- Informal and/or formal support for families is provided as part of the program's day-to-day structure.
- Literacy is an on-going process and programs will recognize that all families are somewhere on a literacy development continuum.

• Change happens over time; therefore, programs are methodical.

• The teaching/learning process is reciprocal for both parents and children, and this reciprocity is an integral part of family literacy models (Bronfenbrenner, 1977).

At present, there are approximately 300 programs that are considered family literacy models. Developing since the early 1980s, these programs fall into four basic categories (Nickse, 1988) which classify and examine program types across two critical dimensions —(a) type of intervention (direct or indirect) and (b) type of participant (adult or child). Program participants receive specific benefits; indirect participants benefit as a result of work with the primary recipient.

As a way of expanding efforts to solve the nation's literacy problems, the National Center for Family Literacy was formed in 1989. It is a private, nonprofit corporation funded primarily with a grant from the William R. Kenan, Jr., Charitable Trust. The Center's agenda focuses on the intergenerational transfer of literate behaviors in families and seeks to maximize the strengths of families as they struggle to participate fully in a literate society. This agenda is addressed through advocacy and dissemination of information, research and development, and implementation assistance.

The Center has also established a clearinghouse of family literacy programs representing models that include the key elements of instruction for undereducated parents, developmental activities for children, and a time for guided parent-child interaction. Activities of the Center promote public awareness of the cyclical problems of illiteracy through seminars, presentations, information, and policy work on the local, state, federal, and international levels. The Center has documented the Kenan Trust Family Literacy model and continues to research the outcomes at the Kenan model sites.

Implementation assistance is provided through program planning and model development, and goal setting and matching funding resources to those goals. In addition, training related to the implementation of the Kenan model, adult education methodology, early childhood education, parent-child interaction, computers and family literacy, and the evaluation of family literacy programs is provided. To date, 1071 people have received training at the National Center.

Also in 1989, NCFL began providing technical assistance for several program models, including the federally funded Even Start programs and the 1990 recipients of The Barbara Bush Foundation for Family Literacy grantees.

It has always been true that education has been the pathway out of poverty and welfare for every ethnic group and generation. Family literacy programs seek to combine education with the uplifting of a parent's self-esteem and self-worth, thus establishing the head of the household as the true leader and guiding force of her/his family. It is the hope of the National Center for Family Literacy that by providing program assistance, information, research, and support to the country, family literacy will benefit all of us and strong families will emerge to take their places in a literate society. □

References

- BRONFENBRENNER, U. (1977). Toward an experimental ecology of human development. *American Psychologist* 32:513-31.
- NICKSE, R. (1988). *The Noises of Literacy: An Overview of Intergenerational and Family Literacy Programs*. Washington, DC: U.S. Department of Education.



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PACE: Parent and Child Education in Kentucky

In 1986, Kentucky was acutely aware of serious economic and educational problems. The 1980 Census showed the state was 50th in the nation in percentage of high school graduates, and the lack of an educated workforce made attracting and keeping businesses with good jobs extremely difficult.

Too many young children were coming to school unprepared to learn, and it was acknowledged that teachers could not make up the lag without the cooperation of families. Most educators were becoming aware that undereducation was intergenerational and all literacy originated with the young child at home. The value of good early childhood education was recognized, but without follow-through by the school and the family, it seemed the benefits didn't last. Adult education was helpful as a remedial effort, but there was no evidence that simply raising the parents' educational level guaranteed success for the child.

The problem was obvious; the question was where to begin to break the pattern. Early childhood, adult education, and family support programs were already in operation, but educational achievement in Kentucky was not improving. Ideas for solutions were being sought. Serendipitously, two enthusiastic, concerned educators in the fields of adult and early childhood education and one enlightened, influential state legislator (also an educator) were in a position to pool their knowledge, interest, and abilities. The group agreed that a program which was simultaneously preventive and remedial within the family, and that fostered a partnership between the school and family should have a powerful effect. A family literacy program was called for that recognized the interdependency of the socializing forces of both family and school.

The group's proposal for a family literacy program in public schools was persuasive, and the 1986 Kentucky General Assembly funded six pilot Parent and Child Education (PACE) programs, increasing the number to twelve in the following fiscal year. The program was successful and gained statewide and national attention. It won a prestigious innovations award from the Ford Foundation and Harvard University in 1988, a statewide Community Education award in 1989, and the Council of State Governments innovations award in 1990.

Also in 1988, after visiting the Kentucky program, the Kenan Family Charitable Trust funded seven family literacy programs in Louisville and North Carolina. The Kenan Family Literacy Project developed into the National Center for Family Literacy (see page 12) that now disseminates, researches, and trains for family literacy programs throughout the nation.

The recognition and measurable achievements of the PACE program have brought support for its expansion and continuation. The 1990 General Assembly moved PACE from the Kentucky Department of Education to the new Workforce Development Cabinet and expanded the program to 33 classrooms in 30 counties and school districts.

The PACE Program

A state-funded family support and education program, PACE is designed to break the generational cycle of undereducation. Parents without high school credentials come to a public school with their 3- or 4-year old children; transportation and two meals are provided. After breakfast together, the parents go to adult education classes while the children move to an early childhood education program. After two hours, the parents return to the children's classroom and teach their children, using the materials and equipment there. After lunch, the children take naps and the parents gather for a family support session with the teachers.

Through research, evaluation, and monitoring, the operation, curricula, and training for the program have evolved and improved during the past four years. The Family Resource Coalition, headquartered in Chicago, is developing the PACE Family Support Curriculum for use during parent-time sessions and trains PACE staff members in how to work with families. Training in the Comprehensive Adult Student Assessment System, the whole language-emergent literacy approach, and the High/Scope early childhood curriculum is now provided for PACE staff members by the National Center for Family Literacy in Louisville, Kentucky.

Over the four years, PACE has reached the measurable goals proposed to the General Assembly in 1986. Each year, 70 percent or more of the adult participants have either received a GED or raised their level by two grades as measured on the TABE. The children have shown an average 28 percent increase in developmental abilities as measured by a validated, criterion-referenced instrument, and significantly, the majority of PACE graduates regularly attend school and have not been retained in grade. A preliminary study (Yun Kim, 1987) and doctoral dissertation done at the University of Kentucky (Yun Kim, 1988) found a rise in parents' educational and vocational aspirations for their children's achievement and a decrease in reliance on spanking as a disciplinary measure.

PACE had a higher retention and GED pass rate than conventional adult learning centers. Although most participants were young women with small children, a review

of the program in 1988 showed that a significant number (63 of 145) of PACE GED graduates were either working or enrolled in further educational efforts (Hibpsman, 1989).

Kentucky is in a unique education reform position today as the only state whose entire educational system was declared unconstitutional, requiring every law to be changed or reenacted and allowing new ones to be written. A critical section of the 1990 Kentucky Education Reform Act calls for family resource and youth service centers in or near all schools, with 20 percent of the population eligible for free lunch, and requires PACE programs, childcare, health, and social services to be a part of these resource centers. The PACE program will strengthen and be strengthened by this unprecedented educational reform effort.

The PACE model of family literacy is working in Kentucky, and it is being disseminated and replicated nationwide. It is expected to play an important role in the implementation of the federal Family Support Act as a humane, effective choice for parents mandated to continue their education and training. This educational effort within families, in close partnership with schools, could be the force to break the cycle of undereducation. □

References

- HIBPSHMAN, T.P. (1989). *A Review of the Parent and Child Education (PACE) Program*. Frankfort, KY: Kentucky Department of Education, Office of Research and Planning.
- KIM, Y.K. (1987). *Parent and Child Program Evaluation Report*. Lexington, KY: University of Kentucky, Human Development Institute.
- (1989). *Evaluation Study of Kentucky's Pilot Adult Basic Educational Program*. Lexington, KY: University of Kentucky, Human Development Institute.

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PACE is a member of the Family Resource Coalition.

How to Go For It: Beach Center Research Builds Family Strength

As parents of a young man who has multiple disabilities, we have often said, "We wish we knew how to..." and then filled in the blanks as his and our lives evolved. As professionals in the field of disabilities, we continually say, "We wish we could answer families' and professionals' questions on how to..."

At the Beach Center on Families and Disability at the University of Kansas, we are trying to discover answers to those how-to questions. We do that by sponsoring nine research projects, listening hard to the concerns of families and professionals, and getting the research results into their hands in family friendly or professionally apt ways.

We are interdisciplinary in our work. Thus, our nine research projects have different methodologies (survey, single-subject, naturalistic, and policy analysis and legal research); they also encompass the life-span concerns of three major disability groups—developmental disabilities, emotional disabilities, and technology support.

In a nutshell, we seek to see families in different ways so we can help them in better ways. We are guided by six principles: affirming positive contributions, envisioning great expectations, making wise choices, building supportive relationships, enhancing inherent strengths, and achieving full citizenship.

Our Center was established in 1988 and is the only federally supported rehabilitation research and training center of its kind in the United States. We receive funds from the National Institute for Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education; the University of Kansas through the Department of Special Education and Bureau of Child Research; and from private funds. The Center is named for our friends Marianna and Ross Beach of Hays, Kansas, in recognition of their long-standing efforts to support family-focused programs in Kansas, the United States, and Central and South America.

The How-to Questions

One of our questions is: How to help parents help other parents? We know that many people rely on parent-to-parent programs, the kind that match a veteran parent in a one-to-one relationship with a new parent for the purpose of providing emotional and informational support. We also know that there has been almost no research on how the model works or its outcomes. So, we have compiled a list of 650 parent-to-parent programs,

analyzed and summarized the results of a comprehensive survey of more than 350 such programs, and mailed a survey to 3,000 referred parents and 1,600 veteran parents to learn about their experiences with this model. We plan to publish a national resource directory, a manual of best practices, and training materials on best practices. As a parent-to-parent program clearinghouse, we have been able to connect programs that were previously isolated and enhance communication and collaboration among local and state entities.

Another of our questions is: How to support families? Take the IFSP process as an example. P.L. 94-142 requires parents and school teams to collaborate on an Individualized Family Service Plan to maximize the possibilities for a child with disabilities. Having conducted research on the IEP process and having been participants in planning for our son, we know that neither families nor service providers have an existing model for how to develop, implement, or evaluate best practices in this area. We are determined to learn how to transform the IFSP process from a procedural one, with an obsessive focus on compliance with legal technicalities, to one of genuine family support and empowerment.

Our concentration is on two life-span stages—families of infants/toddlers and families of young adults in transition from high school to supported employment and residential independence. We have conducted focus group studies with families and providers to identify their preferences for the process, and are currently synthesizing that research into a holistic process of best practices for individualized family support.

The focus is on community-building rather than traditional case management. Our naturalistic evaluation research will help us answer how-to questions on two levels: How to develop marathon skills for families such as raising expectations, connecting with friends, identifying their child's positive contributions; and how to develop specific family outcomes, such as access to information on the disabling condition. In essence, we are trying to learn about the long-term outcomes of a family friendly, community-building model of individualized family support using problem solving as the cornerstone.

There is a related how-to question concerning family support: How best to establish state policies of family support? We have conducted and are now publishing results of an extensive policy analysis of family support

that combines theory and research outside and within the disability field, and makes recommendations for a state policy and program. In addition, as a result of comprehensive legal research, we have developed a model state statute for family support that creates state law, describes the principles behind the law, sets up a state program, and describes how it should be operated. Our model is annotated to the laws of 50 states and also contains charts analyzing the content of those laws.

We believe this policy and legal research complements our intervention research on individualizing for family support, so that, at the state policy level as well as the direct service level, we can learn more about how to help families in better ways—by seeing them as capable in more ways than they have been regarded in the past.

We are sponsoring or conducting other areas of research as well:

- how to enhance cognitive coping skills in families including identifying positive contributions of the child, making social comparisons, making causal attributions, and perceiving control of the future;
- how to prevent out-of-home placement of teenagers with serious emotional problems by teaching skills to families such as communication, problem solving, anger control, and how to improve school performance;
- how to identify and create supports needed by biological, adoptive, and foster families in maintaining their children in the most home-like environment;
- how to identify and incorporate family perspectives of the values, goals, and strategies of family support programs; and
- how to identify and analyze barriers and resources used by families and professionals that affect the educational and service decisions of children who are ventilator-assisted.

Dissemination and Training

Here we have faced new how-to challenges: to reach professionals in their accustomed as well as more relevant ways, and to reach families through family friendly approaches. Dissemination to professionals has been much easier since traditional mechanisms are already in place. For example, we have just completed the second edition of our text, *Families, Professionals, and Excep-*



Benefits of parent-to-parent communication are a focus of the Beach Center's work.



tional: *A Special Partnership* (Columbus, OH: Macmillan Publ. Co., College Division, 1990), including research results from the Center. This book is for graduate and undergraduate students in the disability field who take courses on working with families.

We have a new doctoral program in Family Studies and Disability in the Department of Special Education at the University of Kansas (the department is ranked first in the nation in preparation of doctoral students according to faculty in its peer departments). This new program is based on concepts of critical reflective inquiry across a broad range of family issues. The Center has four first-year and two second-year students, all of whom are immersed in Center projects that keep them in direct contact with families.

Disseminating to families is a more difficult task because much of the research knowledge has not reached them or their direct service providers very effectively. Because we believe it is essential to forge a researcher-family partnership, we hosted a conference titled, "The Principles of Family Research" in May 1989. At this meeting, twenty researchers and twenty families examined their own values, assumptions, and practices and then proposed principles for conducting family research. The pervading theme of the principles is that research-

ers and families each have unique knowledge and perspective and that the research process will be strengthened by having collaborative partnerships.

As a follow-up, we hosted a conference in June 1990, in which leading theorists and researchers in cognitive coping (from social psychology and disability fields) joined with families (who are expert cognitive copers) and service providers (who are expert at using the results of cognitive coping research to support families) to determine the status and future direction of cognitive coping research.

We continue to develop family friendly means of sharing research information. Our free newsletter (three issues yearly) always highlights one of the Center's six principles and includes research abstracts, tips on techniques for how-to interventions, policy analysis, and stories about families that illustrate the major principle and the research focus.

We are also trying to share our research and how-to knowledge through video and audio tapes. We have just completed a three-part C-band teleworkshop entitled, "Is there Life after High School for Students with Moderate and Severe Disabilities? Great Expectations and Best Practices." In three 90-minute shows, we used a combination of point-counterpoint debates with each other, call-in interviews with families, taped inter-

views with national leaders, panels of practitioners who are doing best practice, call-in questions, and upfront and personal conversations with each other, based on our personal experience. A long-term impact evaluation will be undertaken to determine what changes viewers made, based on the program information.

The Center is also field-testing its first research and how-to manual on supported employment. Finally, we are preparing for a three-day summer institute in Lawrence on "Life after High School" for families, adults with a disability, and professionals. We are particularly seeking pioneers and frontiers-breakers who can envision new lifestyle options and have the drive and energy to make their visions come true.

We involve more than forty sensitive, committed, skilled, colleagues who all send the same message—that family life which includes a member with a disability can be enriching and enjoyable. We all work to combine research, experience, dissemination, and training so that families can shoot for the stars. All of us say, "Go for it, now." We ask only one favor: let us hear from you about going for it.

Dr. Ann P. Turnbull is Codirector of the Beach Center on Families and Disability, Professor of Special Education, and Acting Associate Director of the Bureau of Child Research at the University of Kansas at Lawrence. She serves on the board of directors of the National Center for Clinical Infant Programs and as Chairperson of the Family Committee of the International League of Societies for Persons with Mental Handicap. She has authored numerous books and articles on disabilities with a special focus on families, the integration of people with disabilities into the mainstream of school and community life, and the individualization of their education.

In addition to codirecting the Beach Center on Families and Disability, H. Rutherford Turnbull III (Rud), is Professor of Special Education and the Law, and Senior Research Associate of the Bureau of Child Research. He has authored numerous books and articles on consent, the doctrine of the least restrictive alternative, and disability-related issues of law, ethics, policy, and families. Mr. Turnbull has been legal counsel for the North Carolina legislature on disability matters and was the principal draftsman of that state's special education and limited guardianship laws. He has been an expert witness before committees of the U.S. House and Senate and served as special counsel on two disability cases in the U.S. Supreme Court.

We invite you to write for copies of research abstracts, annotated bibliographies, technical reports, videos, and our Publication Catalog (listing all articles, chapters, monographs, and books completed during the Center's first two years). The address is: Beach Center on Families and Disability, 3111 Haworth Hall, Bureau of Child Research, Lawrence, KS 66045 913/864-7600.

The Beach Center is a member of the Family Resource Coalition.

Family Divorce Adjustment Program:

A Model for Improving Children's Post-Divorce Adjustment

This article describes the Family Divorce Adjustment Program (FDAP) which is currently being implemented in selected schools and family service agencies throughout the greater Louisville, Kentucky area. The program is based on research which suggests specific ways to reduce risk and symptomatology in family members at the time of divorce.

Effects of Divorce

There is considerable evidence that divorce can increase the likelihood of adverse effects on the psychological well-being of spouses. Separation and divorce are processes that require adaptation to rapid change; yet, the nature of divorce can undermine the adult's capacity to parent, leaving the child at risk for anxiety and depression.

Extensive evidence also exists suggesting that parental separation/divorce is a painful, stressful experience for children and that it creates many changes in a child's life. Even given the most positive situation, children experience feelings such as guilt, anger, embarrassment, disbelief, fear, and grief; and even under the best circumstances, a child needs time and support to regain stability felt before the divorce.

Wallerstein and Kelly (1980) suggest that children must master six hierarchical divorce-related coping tasks in order to adjust satisfactorily:

- acknowledging the reality of the divorce and achieving a realistic cognitive understanding of it
- disengaging from parental conflict and resuming the child's agenda
- resolving the many losses that divorce imposes
- resolving problems of anger and self-abuse
- acknowledging the permanence of divorce
- achieving realistic hope about one's future relationships

Research suggests that parents need to be involved to help children master these tasks during the divorce transition, yet this is a time when parents are experiencing much conflict also and have a lesser capacity to respond to and support children. For this reason, a program designed to support both children and parent is warranted. There seems to be a clear need for children to discuss concerns in the absence of parents because many children are reluctant to further burden parents. Yet there is also a need to facilitate parent-child communication. The FDAP program provides time for parents alone, children alone, and for parents and children together.

Children's Support Group



The Family Divorce Adjustment Program

The FDAP is designed for parents and children to cope more effectively with problems that result from divorce. The major goals of the program are (1) to prevent or reduce anxiety, aggression, depression, and behavioral problems, and (2) to increase social competencies that are critical to preventing children's post-divorce maladjustment. The program's five major objectives are to:

- increase children's competence by teaching specific skills to identify divorce-related feelings in self and others
- reduce feelings of isolation and misconception about divorce
- increase children's awareness of how divorce affects their parents
- increase appropriate ways children can respond to anger
- develop parental competence by teaching skills to handle life adjustment issues, children's divorce-related concerns, co-parental relationship, and parent-child relationship.

The FDAP is a group intervention for custodial and non-custodial parents and children. The curriculum places emphasis on (a) a supportive climate where feelings

can be freely explored, (b) acquisition of problem-solving skills for divorce-related problems, and (c) ways for parents and children to develop better relationships with each other.

Group sessions include approximately eight families with a child or children between the ages of 8 and 12. Sessions last approximately two hours in a community-based setting (e.g., church, family agency, family life center) located close to where the family resides.

The educational support group program is based on an empirical body of data which suggests specific ways to reduce risk and symptomatology in family members. It is based on the assumption that symptoms occur at the time of divorce when individual characteristics of the family member interact with dysfunctional family processes. Each component of the program is designed to address the five factors that make members at risk at the time of divorce: (1) age and sex of the child, (2) pre-divorce family functioning, (3) post-divorce parent-child relationships, (4) post-divorce parental relationships, and (5) parent-child support systems. Families who successfully complete this program should be able to progress developmentally to the next life cycle stage.

FDAP is divided into twelve units. Six units are designed for custodial parents alone, three units for non-custodial parents alone, four units for children alone, and one optional unit for parents and children together. The support groups last approximately eight weeks. A brief description of each unit follows:

UNIT 1: Understanding Divorce (for Custodial Parents). Parents learn how to identify common divorce-related concerns expressed by children, and problems that are unique to a single parent.

UNIT 2: Getting Acquainted/Sharing Feelings about Divorce (for Children). The purpose of this unit is to help each child feel comfortable in the group and to recognize that his/her situation as a child of divorce is not unusual. Children learn that the feelings they are experiencing are fairly typical of other children in similar situations. By understanding their feelings and recognizing the feelings of others, they will be able to provide support for others as well as to receive support for themselves.

UNIT 3: Responding Appropriately to Children's Divorce-Related Concerns (for Custodial Parents).

UNIT 4: Understanding and Changing Misperceptions about Divorce (for Children). Children are encouraged to express their fears, accept the reality of divorce, and more clearly understand why their parents separate.

UNIT 5: Post-Divorce Parent-Child Relationship (for Non-custodial Parents). This unit helps non-custodial parents respond appropriately to children's divorce-related concerns. Parents learn ways to build positive relationships with their children. Non-custodial parents are encouraged to maintain a regular visitation schedule.

UNIT 6: Coping with Anger about Divorce (for Children). Children learn ways to reduce anger and resolve problematic situations rather than stay immobilized by their own emotions.

UNIT 7: Dealing with Anger Towards the Ex-Spouse (for Custodial and Non-custodial Parents). The purpose of this unit is to help each parent control his/her anger towards the other.

UNIT 8: Coping Skills for Dealing with Divorce (for Children). The purpose of this unit is threefold: (1) to help children distinguish between problems they can or cannot solve; (2) to teach them a strategy for solving problems over which they have some control; and (3) help them learn to accept/deal appropriately with the situations they cannot change.

UNIT 9: Developing Social Support Systems (for Custodial Parents). Parents acquire

skills for developing adult social support systems and helping children get support for themselves.

UNIT 10: Legal Issues, Financial, Time and Resource Management (for Custodial Parents). Parents acquire information about (a) legal issues (support payments, visitation, and custody), (b) financial issues (credit eligibility, support payments, etc.), and (c) time and resource management.

UNIT 11: Co-Parental Relationships (for Custodial and Non-custodial Parents). This is an optional unit, the purpose of which is to help both parents learn skills for developing a positive co-parental relationship and how to avoid fighting through the child.

UNIT 12: Post-Divorce Family Time (for Custodial and Non-custodial Parents and Children). This is also an optional unit, the purpose of which is to strengthen and develop routines to help children adjust to divorce. The unit is divided into two halves: The first part will involve the custodial parent and child(ren), and the second part will involve the non-custodial parent and child(ren).

Parents and children develop positive family rituals (e.g., holiday celebrations, meals, trips) that blend new life patterns with the old family.

FDAP Group Leaders

The authors of the FDAP make several assumptions about leaders of the program. First, they should be trained in theoretical principles and group process. Second, group leaders should have completed five hours of training to administer the program. Content of the training includes: (1) discussion of session objectives, (2) methods for conducting role-playing activities, (3) discussion questions for filmstrips, (4) topical questions to facilitate the understanding and resolution of divorce-related problems, and (5) scoring procedures for evaluation instruments. Finally, group leaders should understand that divorce is a transition point that requires adaptation of all family members.

Group leaders meet weekly with the program director to review the following areas: (1) monitoring program activities of preceding sessions, (2) planning for future group training sessions, (3) modifying program goals and activities, and (4) evaluating program objectives and goals.

Evaluation of the FDAP

Three primary measures are used to assess changes in both parents and children during training. The Divorce Adjustment Inventory (DAI) (Portes, Haas, and Brown, 1988) provides both a parent and child rating of pre- and post-divorce adjustment (e.g., "Overall, I would describe my children's ability to cope with our divorce as poor or

very poor.") and family processes (e.g., "Since the divorce my spouse and I have criticized each other openly."). The DAI for parents consists of 31 Likert Scale items related to pre- and post-divorce family functioning, children's coping skills, and social support systems before and after divorce. The DAI for children consists of 15 Likert Scale items that assess the child's adjustment to divorce.

A third measure, the Group Leader Rating Scale (GLRS), includes ten items that measure the parents and child's post-divorce adjustment (e.g., "Has difficulty expressing anger appropriately," "Participates in group discussions," "Blames self for divorce"). Each item is rated on a 5-point scale (1 = not a problem, 3 = somewhat of a problem, 5 = serious problem). Group leaders administer the GLRS at the end of the sixth and twelfth sessions. Evaluation of the program is currently underway.

Recent Applications

The FDAP is currently being implemented in churches, family service agencies, and schools. Efforts are being made to orient lawyers and judges about the program so that families can be referred at the time of divorce. □

References

- PORTES, P.R., R.C. HAAS, and J.H. BROWN (1989). Identifying family factors that predict children's adjustment to divorce: An analytic synthesis. Paper based on study presented at the 1988 Annual Meeting of the American Educational Research Association, New Orleans, LA.
WALLERSTEIN, J.S. and J.B. KELLY (1980). *Surviving the Break-up: How Children and Parents Cope with Divorce*. New York: Basic Books, Inc.

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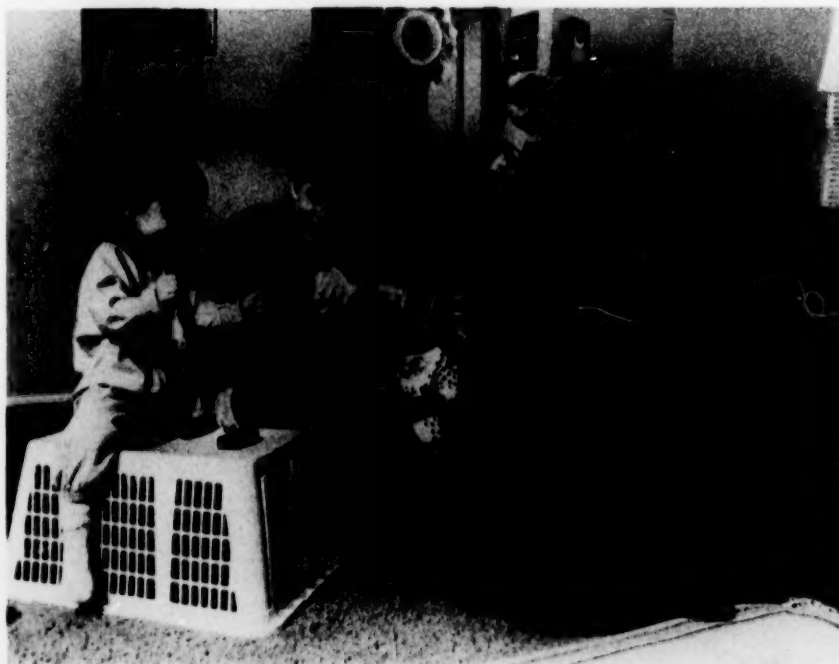
For Children's Sake: Family-Centered Childcare

it will set the stage for new directions in program and new relationships with parents. Limitations in staff and funding may necessitate that changes be incremental, such as allowing more time when parents pick up their children, having a place where parents can have coffee and talk to each other at pick-up time, informing parents that their help is wanted in planning—and then organizing a meeting to start doing so—or providing a class in English to assist Hispanic parents. An approach that the family and child together are the concern of the early childhood staff leads to a myriad of creative ideas, and the desires and needs of the particular population served can set the parameters of how to proceed.

The success of a major shift to family-centered concepts among early childhood educators and parents necessitates a public policy that recognizes its importance. Legislation such as Part H of P.L. 99-457 (an amendment to the previously mentioned Education of Handicapped Act to include children of 0-3) mandates an assessment of family needs and family strengths from the family's perspective, unlike the more usual focus on family dysfunction from the view of a judgmental authority.

Likewise, the Comprehensive Child Development Act of 1988 emphasizes skill-building and competency programs for parents which foster a healthy home environment for children, and the Homelessness Prevention and Community Revitalization Act of 1990 includes a family support component. The awareness that children's services ought to be delivered in the context of their families is rapidly growing also, and with it comes the awesome task of assuring that the principles underlying a family-oriented approach are understood and aptly applied.

The commitment to family-centered childcare comes from early childhood educators who believe it is an approach that enhances the possibilities of reaching their goals for the children they serve, and it comes from parents who seek a partnership with the people to whom they have entrusted their children for a major part of the day. Putting family-centered childcare on the agenda requires public understanding in order to create a climate in which policymakers would incorporate and fund support to families in all child-related programs. Meeting that challenge should not be so difficult, since it is based on a strongly felt conviction in our country that primary responsibility for the child lies in the family, and that it is the responsibility of society, through its policies and institutions, to assist the family in its role. □



Photographs on pages 1, 18, and 19 courtesy of Parents As Teachers National Center. Photo credit: Gary Bohn/The Ford Foundation

References

- GALINSKY, E. (1990). Why are some parent/teacher partnerships clouded with difficulties? *Young Children* 45, 2-3:38-9.
- GALINSKY, E. and W. HOOKS (1977). *The New Extended Family: Day Care that Works*. New York: Houghton Mifflin.
- HUGHES, R. (1985). The informal help-giving of home and center childcare providers. *Family Relations* 34: 350-66.
- JOFFE, C.E. (1977). *Friendly Intruders: Childcare Professionals and Family Life*. Berkeley, CA: University of California Press.
- POWELL, D.R. (1989). *Families and Early Childhood Programs*. Washington, DC: National Association for the Education of Young Children.
- POWELL, D.R. (in press). Early childhood as a pioneer in parent involvement and support. In S.L. Kagan (Ed.), *The Care and Education of America's Young Children: Obstacles and Opportunities*. The 90th Yearbook of the National Society for the Study of Education. Chicago: University of Chicago Press.
- ZIGLER, E.F. and J. FREEDMAN (1987). Head Start: A pioneer of family support. In S.L. Kagan, D.R. Powell, B. Weissbourd, and E.F. Zigler (Eds.), *America's Family Support Programs: Perspectives and Practices* (pp. 57-76). New Haven, CT: Yale University Press.

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